FORM TA-12 (REV. 1997)

STATE OF HAWAII — DEPARTMENT OF TAXATION

## - AMENDED -

TRANSIENT ACCOMMODATIONS TAX **ANNUAL RETURN & RECONCILIATION** FOR CALENDAR YEAR \_ OR FISCAL YEAR ENDING \_\_\_\_/\_

| DO NO | T WR | ITE IN | THIS | AREA |
|-------|------|--------|------|------|
|-------|------|--------|------|------|

|    | DISTRICT  | GROSS RENTAL PROCEEDS C<br>GROSS RENTAL<br><b>a</b>  |                                 | TIONS/DEDUC<br>NON REVERS | SE SIDE)                  | TAXA<br>c            | BLE PROCEEDS                                | RATE              | TAXES<br>d                                    |            |
|----|---|--|---------------------------------|---------------------------|---------------------------|----------------------|---|-------------------|---|------------|
| 1  | TAXATION DISTRICT 1 (OAHU)                              |  |                                 |                           |                           |                      |   | .06               |   | 1          |
| 2  | TAXATION DISTRICT 2<br>(MAUI, MOLOKAI, LANAI)           |  |                                 |                           |                           |                      |   | .06               |   | 2          |
| 3  | TAXATION DISTRICT 3 (HAWAII)                            |  |                                 |                           |                           |                      |   | .06               |   | 3          |
| 4  | TAXATION DISTRICT 4<br>(KAUAI)                          |  |                                 |                           |                           |                      |   | .06               |   | 4          |
| 5  | TOTAL TAXES DUE (A                                      | DD LINES 1 through 4 of c  | column d, ANE                   | ENTER H                   | IERE)                     |                      | ·   |                   |   | 5          |
| 6  | PENALTY   |  |                                 |                           |                           |                      |   |                   |   | 6          |
| 7  | INTEREST  |  |                                 |                           |                           |                      |   |                   |   | 7          |
| 8  |   | (ADD LINES 5, 6, and 7; E  |                                 | NT HERE.                  | .)                        |                      |   |                   |   | 8          |
| 9  | TOTAL TAXES PAID ON MONTH FOR THE PERIOD. PART III ON I | LY, QUARTERLY, OR SEMIANNUAL<br>REVERSE SIDE MUST ALSO BE COI  | RETURNS<br>MPLETED.             |                           |                           | 9                    |   |                   |   | 9          |
| 10 | ADDITIONAL ASSESSM                                      | ENTS PAID FOR THE PER  | IOD, IF INCLU                   | DED ABO                   | √E.                       | 10                   |   |                   |   | 10         |
| 11 | PENALTIES \$  | INTEREST \$  | PAID [                          | DURING TH                 | IE PERIOD                 | . 11                 |   |                   |   | 11         |
| 12 |   | L PAYMENTS MADE (ADD LINES 9, 10, and 11) 12   |                                 |                           |                           |                      |   | 12                |   |            |
| 13 | CREDIT TO BE REFUND                                     | DED AS SHOWN ON ORIGI  | INAL ANNUAL                     | RETURN                    |                           | 13                   |   |                   |   | 13         |
| 14 | NET PAYMENTS MADE                                       | E (LINE 12 MINUS LINE 13   | 3)                              |                           |                           |                      |   |                   |   | 14         |
| 15 | IF LINE 14 IS LARGER                                    | THAN LINE 8, ENTER CR  | REDIT TO BE                     | REFUNDE                   | D (LINE 1                 | 14 MINU              | S LINE 8)                                   |                   |   | 15         |
| 16 | IF LINE 8 IS LARGER T                                   | THAN LINE 14, ENTER TA   | XES DUE (LII                    |                           |                           | 4)                   |   |                   |   | 16         |
| FC | R LATE FILING   | ONLY   |                                 |                           | enalty -                  | <b>→</b>             |   |                   |   | 17         |
|    |   |  |                                 |                           | nterest                   | <b></b>              |   |                   |   |            |
| 18 |   | DUE AND PAYABLE (AD  |                                 | 17a, AND 1                | 17b)                      |                      |   |                   |   | 18         |
| 19 |   | JNT OF YOUR PAYMENT  |                                 |                           |                           |                      |   |                   |   | 19         |
|    | (PAY IN U.S. DOLLARS                                    |  |                                 |                           |                           | 1 1                  |   |                   |   | _          |
| 20 | GRAND TOTAL EXEMP                                       | TIONS/DEDUCTIONS FRO   | M BACK OF F                     | ORM                       |                           | 20                   | MAKE CHE                                    | OK DAY            | VADI E TO                                     |            |
|    |   |  |                                 |                           |                           | N U.S                | WAII STATE<br>. DOLLARS DE                  | (AT               | COLLECTOR ON ANY U.S. BAN I NUMBER ON THE CH  | NK         |
|    |   | DECLARATION: I dec<br>accompanying schedul<br>true, correct, and comp<br>Accommodations Tax L<br>amended). | es or stateme<br>lete return, m | nts, has be<br>ade in goo | een examii<br>d faith for | ned by n<br>the taxa | ne and, to the best<br>ble period stated, p | of my k<br>ursuan | nowledge and belief, is a<br>to the Transient | a          |
|    |   | A CORPORATION OR PARTNE  | ERSHIP TAX RETU                 | RN MUST BE S              | SIGNED BY A               | N OFFICEF            | R, PARTNER OR MEMBER                        | , OR DUL          | Y AUTHORIZED AGENT OF SUC                     | CH ENTITY. |
|    |   |  |                                 |                           |                           |                      |   |                   |   |            |
|    |   | SIGNATURE  |                                 |                           |                           |                      | TITLE                                       |                   | DATE  |            |
|    |   | SIGNATURE  OAHU DISTRIC  | T OFFICE                        | MAUI DIS                  |                           |                      | TITLE  ADDRESSES — HAWAII DISTRI            |                   |   |            |

## PART I — EXEMPTIONS AND/OR DEDUCTIONS

LIST DETAILS CONCERNING "EXEMPTIONS" AND/OR "DEDUCTIONS" CLAIMED.

Operators of health care facilities, school dormitories, lodging provided by nonprofit corporations or associations, military living accommodations, low-income rental accommodations subsidized by the government, accommodations furnished to full-time, post secondary students, and accommodations furnished without charge are exempt from the tax. Also, any general excise taxes visibly passed on to the customer and any transient accommodations taxes visibly passed on to the customer after June 30, 1990 are not to be included as part of gross rental proceeds. Accounts that are worthless and actually charged off may be excluded from gross rental proceeds. If any of these exemptions or exclusions are claimed in column b on the front page, you must itemize them in the spaces provided below. Enter the grand total of exemptions and deductions on line 20, front page.

Amounts claimed as exemptions and/or deductions for the appropriate Taxation District(s) must be explained below; otherwise, such amounts will be disallowed and proposed assessments prepared against you.

| AMOUNT | (NOTE: If additional space is needed, please attach schedule.)                      |
|--------|---|
|        | DISTRICT 1 — OAHU   |
|        |   |
|        |   |
|        |   |
|        |   |
|        | TOTAL EXEMPTIONS and/or DEDUCTIONS (Enter here and on line 1, column b, front page) |
|        | DISTRICT 2 — MAUI, MOLOKAI, LANAI   |
|        |   |
|        |   |
|        |   |
|        | TOTAL SYSMETIONS IV DEDUCTIONS (5 to 1 to             |
|        | TOTAL EXEMPTIONS and/or DEDUCTIONS (Enter here and on line 2, column b, front page) |
|        | DISTRICT 3 — HAWAII   |
|        |   |
|        |   |
|        |   |
|        | TOTAL EXEMPTIONS and/or DEDUCTIONS (Enter here and on line 3, column b, front page) |
|        | DISTRICT 4 — KAUAI  |
|        | DIGITAL IVAGAL  |
|        |   |
|        |   |
|        |   |
|        | TOTAL EXEMPTIONS and/or DEDUCTIONS (enter here and on line 4, column b, front page) |
| AMOUNT | ,   |

| , |  |
|---|--|
|   | GRAND TOTAL EXEMPTIONS and/or DEDUCTIONS (Enter here and on line 20, front page) |
|   |  |

| PART I | I — RECONCILIATION OF GROSS PROCEEDS OR GROSS INCOME   |
|--------|--|
|        | <ol> <li>Gross rental proceeds or gross rental (Total of lines 1 through 4, column (a) from front page.)         (Note: Does NOT include GE taxes visibly passed on or TA taxes visibly passed on after June 30, 1990.)</li> </ol> |
|        | 2. Total General Excise Tax visibly passed on.   |
|        | <ol> <li>Add lines 1 and 2. This amount should equal your gross receipts from transient accommodations<br/>rentals as reported on your General Excise Tax Annual Return and Reconciliation (Form G-49).</li> </ol>                 |

|   | PART III — RE | ECONCILIATION OF F | PAYMENT OF TAXES |  |  |
|---|---------------|--------------------|------------------|--|--|
| ENTER TAXES PAID BY MONTHS IF MONTHLY RETURNS WERE FILED, QUARTERS IF ONLY QUARTERLY RETURNS WERE FILED, OR SEMIANNUAL PERIODS IF ONLY SEMIANNUAL RETURNS WERE FILED. |               |                    |                  |  |  |
| JAN \$  | APR \$        | JUL \$             | OCT \$           |  |  |
| FEB \$  | MAY \$        | AUG \$             | NOV \$           |  |  |
| MAR \$  | JUN \$        | SEP \$             | DEC \$           |  |  |
| 1st QTR \$  | 2nd QTR \$    | 3rd QTR \$         | 4th QTR \$       |  |  |
| 1st SEMIANNUAL PERIOD \$  | i             | 2nd SEMIANNUAL PER | IOD \$           |  |  |